

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591427

FILING DATE

10 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4						
5						
6						
7						
8						
9	(1)		/			
10						
11						
12	/		/			
13	/		/			
14	2		/			
15						
16						
17						
18						
19						
20	(1)		/			
21						
22						
23	/		/			
24	/		/			
25	2		/			
26						
27						
28						
29						
30						
31	(1)		/			
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	12	←	9	←		←
TOTAL CLAIMS	15	[REDACTED]	12	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS					[REDACTED]	[REDACTED]